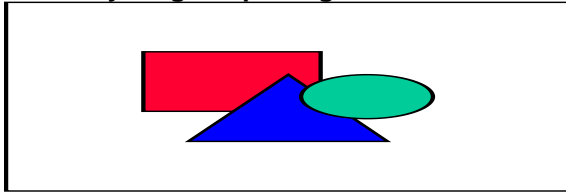**Quarterly Wage Reporting**

Requirements for Submitting "Test Data"

The certification process **requires** you to send in a **"TEST"** cartridge or diskette (the media will not be returned to you). All media received must have an **EXTERNAL LABEL** clearly marked **"TEST",** along with a returned address and Federal ID#.

Upon receipt, the department will test the media to ensure that it meets the technical and format requirements listed below. This certification process ensures processing compatibility as well as providing an opportunity to resolve any technical difficulties prior to actual wage reporting. When your "TEST" is successful, you will be contacted by letter authorizing you to start submitting your production file via the tested media. **It is required that you continue your current form of wage reporting until you have been granted authorization by the Department of Workforce Development.**

Technical Requirements for Magnetic Tapes Cartridges

- Data must be written on IBM compatible 3490 cartridges. The tape file **cannot** be compressed.
- The tape can be labeled or unlabeled. An unlabeled tape is highly preferred.
- The recording density 76,000 BPI.
- No data compression will be accepted.
- The tape must be in (EBCDIC) or (ASCII) code. A tape recorded in EBCDIC is preferred. Lower case letters are not acceptable.
- Each logical record on the tape must be 275 or 276 characters. A record of 275 is preferred.
- The blocking factor must be 1 to 85 records. The preferred blocking factor is 25 records. The blocking factor cannot exceed 23,375 (for records that are 275 in length) or 23,460 characters (for records that are 276 in length). These numbers are based on the blocking of 85 records. Variable blocks are not acceptable.

Technical Requirements for CDs and 3.5 Diskettes

- All discs and diskettes **must** be externally labeled with Transmitter's name, return address and Federal ID#. See the Code "A" record format below. Federal ID# is **required** as a means of internally tracking the wage media here at DWD.
- The file on the disc or diskette must be UIWAGE.TXT and located in the root directory.
- The disc or diskette must not contain more than one file. When more than one file of wage data is being submitted (i.e., separate reporting quarters), separate discs or diskettes are required.
- Transmitters of wage data for multiple employers (i.e., service agents) are to avoid creating separate files for each employer. The attached record formats are designed to allow the reporting of multiple employers in the same quarter.
- The file must be in ASCII code. EBCDIC or any other code is not acceptable for this type of reporting.
- The file must be in unpacked/non-compressed mode.
- Each logical record on the file must be 275 characters.
- Record delimiters must be used. A carriage return character and a line feed character must be placed in positions 276 and 277 respectively. **Do not place a delimiter before the first record of the file nor after the last record of the file and do not place more than one set of delimiters for a given record.**
- The ASCII hexadecimal value for the carriage return character is 0D (zero and letter D). The ASCII hexadecimal value for the line feed is 0A (zero and letter A). The ACSII decimal values for the two characters are 13 and 10, respectively.

Multiple-Volume Submission

A multiple-volume disc/diskette submission occurs when the amount of data exceeds the capacity of a single disc/diskette. Strict rules must be followed when submitting a large file.

- The file on the first volume (disc/diskette) must be UIWAGE.TXT with each additional volume sequenced as UIWAGE2.TXT, UIWAGE3.TXT, UIWAGE4.TXT, etc.
- The first volume must begin with the Code A record.
- Each additional volume must start with the record following the last record of the previous volume.
- The last volume must end with the Code F record.

Further Contact

If you have any further questions please feel free to contact **Wanda Ross at 317-233-6689 or e-mail Wross@dwd.state.in.us.**

The UC-1 and the Magnetic media are sent to two different addresses. Please see below.

MAILING ADDRESS FOR MAGNETIC MEDIA ONLY*:*

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

ATTN: DATA CENTER RM. SEOO3

10 N. SENATE AVE

INDIANAPOLIS, IN.   46204-2277

UC-1 MAILING ADDRESS ONLY:

INDIANA DEPARTMENT OF WORKFORCE DEVELPOMENT

P.O. BOX 7054

INDIANAPOLIS, IN.   46207-7054

ICESA RECORD LAYOUTS RECORD TYPE A - TRANSMITTER RECORD

:	ICESA Field Name	Required ?	Location	Length	Comments
A1	Record Identifier	**YES!**	1 - 1	1	**Constant "A"**
A2	Year		2 - 5	4	
A3	Transmitter's Federal EIN	**YES!**	6 - 14	9	
A4	Taxing Entity Code		15 - 18	4	
A5	Blanks		19 -23	5	
A6	Transmitter Name	**YES!**	24 - 73	50	**Please provide as much information as possible in fields A6 through A9 and fields A11 through A15. The address and the contact information should be the individual or group or reliable liaison who can handle technical questions concerning the transmitted file, the data and the media being submitted. A10 is ignored by Indiana. A12 includes a leading dash.**
A7	Transmitter Street Address	**YES!**	74 - 113	40	
A8	Transmitter City	**YES!**	114 - 138	25	
A9	Transmitter State	**YES!**	139 - 140	2	
A10	Blanks		141 - 153	13	
A11	Transmitter Zip Code	**YES!**	154 - 158	5	
A12	Transmitter Zip Code Extension	**YES!**	159 - 163	5	
A13	Transmitter Contact	**YES!**	164 - 193	30	
A14	Transmitter Contact Telephone Number	**YES!**	194 – 203	10	
A15	Telephone Extension/Box	**YES!**	204 - 207	4	
A16	Media Transmitter/ Authorization Number		208 - 213	6	
A17	C-3 Data		214 - 214	1	
A18	Suffix Code		215 -219	5	
A19	Allocation Lists		220 - 220	1	
A20	Service Agent I.D.		221 -229	9	
A21	Total Remittance Amount		230 - 242	13	
A22	Media Creation Date		243 - 250	8	
A23	Blanks		251 - 275	25	

* Please note that the fields not required are at the discretion of the transmitter. The fields not required are simply ignored by the State of Indiana.

RECORD TYPE B - AUTHORIZATION RECORD

	ICESA Field Name	Required?	Location	Length	Comments
B1	Record Identifier	**YES!**	1 - 1	1	**Constant "B"**
B2	Payment Year		2 - 5	4	
B3	Transmitter's Federal EIN		6 - 14	9	
B4	Computer		15 - 22	8	
B5	Internal Label		23 - 24	2	
B6	Blank		25 - 25	1	
B7	Density		26 - 27	2	
B8	Recording Code		28 - 30	3	
B9	Number of Tracks		31 - 32	2	
B10	Blocking Factor		33 - 34	2	
B11	Taxing Entity Code		35 - 38	4	
B12	Blanks		39 - 146	108	
B13	Organization Name	**YES!**	147 - 190	44	**Please provide as much information as possible in fields B13 through B16 and fields B18 and B19. The name and address should be the employer or service agent responsible for the data found on the transmitted media.**
B14	Street Address	**YES!**	191 - 225	35	
B15	City	**YES!**	226 - 245	20	
B16	State	**YES!**	246 - 247	2	
B17	Blanks		248 - 252	5	
B18	Zip Code	**YES!**	253 - 257	5	
B19	Zip Code Extension	**YES!**	258 - 262	5	
B20	Blanks		263 - 275	13	

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RECORD TYPE E - EMPLOYER RECORD

	ICESA Field Name	Required?	Location	Length	Comments
E1	Record Identifier	**YES!**	1 - 1	1	**Constant "E"**
E2	Payment Year	**YES!**	2 - 5	4	**The year in which wages are being reported.** **– must be numeric** **– right justified**
E3	Federal EIN		6 - 14	9	
E4	Blanks		15 - 23	9	
E5	Employer Name	**YES!**	24 - 73	50	**The employer's name matching the reporting wages.**
E6	Employer Street Address		74 - 113	40	
E7	Employer City		114 - 138	25	
E8	Employer State		139 - 140	2	
E9	Blanks		141 - 148	8	
E10	Zip Code Extension		149 - 153	5	
E11	Zip Code		154 - 158	5	
E12	Blank		159 - 159	1	
E13	Type of Employment		160 - 160	1	
E14	Blocking Factor		161 - 162	2	
E15	Establishment Number or Coverage Group/PRU		163 - 166	4	
E16	Taxing Entity Code		167 - 170	4	
E17	State Identifier Code		171 - 172	2	
E18	Insurance Account Number	**YES!**	173 - 187	15	**Assigned by the State of Indiana to the Employer. The first 6 positions are numeric, the 7th is alphabetic or space and the last 8 are spaces.**
E19	Reporting Period	**YES!**	188 - 189	2	**The 3rd month of the quarter in which wages are being reported.** **- must be numeric** **- zero filled** **- right justified**
E20	No Workers/No Wages		190 - 190	1	
E21	Tax Type Code		191 - 191	1	
E22	Taxing Entity Code		192 - 196	5	
E23	State Control Number		197 - 203	7	
E24	Unit Number		204 - 208	5	
E25	Blanks		209 - 255	47	
E26	Foreign Indicator		256 - 256	1	
E27	Blanks		257 - 257	1	
E28	Other EIN		258 - 266	9	
E29	Blanks		267 - 275	9	

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RECORD TYPE S - EMPLOYEE RECORD

	ICESA Field Name	Required?	Location	Length	Comments
S1	Record Identifier	**YES!**	1 - 1	1	**Constant "S"**
S2	Social Security Number	**YES!**	2 - 10	9	**The employee's social security number. Zeroes if not known by the employer.** **– must be numeric** **– zero filled** **– right justified**
S3	Employee Last Name	**YES!**	11 - 30	20	**The employee's last name.**
S4	Employee First Name	**YES!**	31 - 42	12	**The employee's first name.**
S5	Employee Middle Initial	**YES!**	43 - 43	1	**The employee's middle initial.**
S6	State Code	**YES!**	44 - 45	2	**Constant "18"**
S7	Filler		46 - 49	4	**Blank**
S8	State QTR Total Gross Wages		50 - 63	14	
S9	State QTR Unemployment Insurance Total Wages	**YES!**	64 - 77	14	**Total gross wages earned during the quarter.** **– must be numeric** **– greater than zero** **– zero filled** **– right justified** **- 2 decimal positions**
S10	State QTR Unemployment Insurance Excess Wages		78 - 91	14	
S11	State QTR Unemployment Insurance Taxable Wages		92 - 105	14	
S12	State QTR Disability Insurance Taxable Wages		106 - 120	15	
S13	Quarterly TIP Wages		121 - 129	9	
S14	Number of Weeks Worked		130 - 131	2	
S15	Number of Hours Worked		132 - 134	3	
S16	Filler		135 - 142	8	
S18	Taxing Entity Code		143 - 146	4	
S19	State Unemployment Insurance Account Number	**YES!**	147 - 161	15	**Assigned by the State of Indiana to the Employer. The first 6 characters are numeric, the 7th is alphabetic or space, the 8th is space, 9 through 11 is the location number and the last 4 are spaces.**
S20	Unit/Division Location/Plant Code		162 - 176	15	
S21	State Taxable Wages		177 - 190	14	
S22	State Income Tax Withheld		191 - 204	14	
S23	Seasonal Indicator	**YES!**	205 - 206	2	**Assigned by the State of Indiana to the employer when seasonal wages are involved, otherwise it is**

					zeroes. – **must be numeric** – **zero filled** – **right justified**
S24	Employer Health Insurance Code		207 - 207	1	
S25	Employee Health Insurance Code		208 - 208	1	
S26	Probationary Code		209 - 209	1	
S27	Officer Code		210 - 210	1	
S28	Wage Plan Code		211 - 211	1	
S29	Month 1 Employment		212 - 212	1	
S30	Month 2 Employment		213 - 213	1	
S31	Month 3 Employment		214 - 214	1	
S32	Reporting Quarter and Year	**YES!**	215 - 220	6	**The 3rd month of the quarter in which the wage is being reported I.E. "031995"** **–must be numeric** **–zero filled** **-right justified**
S33	Date First Employed		221 - 226	6	
S34	Date Of Separation		227 - 232	6	
S35	Blanks		233 - 275	43	

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RECORD TYPE T - TOTAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
T1	Record Identifier	**YES!**	1 - 1	1	**Constant "T"**
T2	Total Number of Employees	**YES!**	2 - 8	7	**The total number of "S" records since the last "E" record.** **– Must be numeric** **– zero filled** **– right justified**
T3	Taxing Entity Code		9 - 12	4	
T4	State QTR Total Gross Wages for Employer		13 - 26	14	
T5	State QTR Unemployment Insurance Total Wages for Employer	**YES!**	27 - 40	14	**The total sum of State QTR Total Gross Wages for all "S" records since the last "E" record.** **– must be numeric** **– zero filled** **– right justified** **- 2 decimal positions**
T6	State QTR Unemployment Insurance Excess Wages for Employers		41 – 54	14	
T7	State QTR Unemployment Insurance Taxable Wages for Employer		55 - 68	14	
T8	Quarterly TIP Wages for Employer		69 - 81	13	
T9	U.I. Tax Rate This Quarter		82 - 87	6	
T10	State QTR U.I. Taxes Due		88 - 100	13	
T11	Previous QTR(s) Underpayment		101 - 111	11	
T12	Interest		112 - 122	11	
T13	Penalty		123 - 133	11	
T14	Credit/Overpayment		134 - 144	11	
T15	Employer Assessment Rate		145 - 148	4	
T16	Employer Assessment Amount		149 - 159	11	
T17	Employee Assessment Rate		160 - 163	4	
T18	Employee Assessment Amount		164 - 174	11	
T19	Total Payment Due		175 - 185	11	

T20	Allocation Amount		186 - 198	13	
T21	Wages Subject to State Income Tax		199 - 212	14	
T22	State Income Tax Withheld		213 - 226	14	
T23	Month 1 Employment for Employer		227 - 233	7	
T24	Month 2 Employment for Employer		234 - 240	7	
T25	Month 3 Employment for Employer		241 - 247	7	
T26	County Code		248 - 250	3	
T27	Outside County Employees		251 - 257	7	
T28	Document Control Number		258 - 267	10	
T29	Blanks		268 - 275	8	

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RECORD TYPE F - FINAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
F1	Record Identifier	**YES!**	1 - 1	1	**Constant "F"**
F2	Total Number of Employees in File	**YES!**	2 - 11	10	**The total number of "S" records.** **- must be numeric** **- zero filled** **- right justified**
F3	Total Number of Employers in File	**YES!**	12 - 21	10	**The total number of "E" records.** **- must be numeric** **- zero filled** **- right justified**
F4	Taxing Entity Code		22 - 25	4	
F5	Quarterly Total Gross Wages in File		26 - 40	15	
F6	Quarterly State Unemployment Insurance Total Wages in File	**YES!**	41 - 55	15	**The total sum of** **State QTR Total Gross** **Wages for all "S" records.** **- must be numeric** **- zero filled** **- right justified** **- 2 decimal positions**
F7	Quarterly State Unemployment Insurance Excess Wages in File		56 - 70	15	
F8	Quarterly State Unemployment Insurance Taxable Wages in File		71 - 85	15	
F9	Quarterly Disability Insurance Taxable Wages in File		86 - 100	15	
F10	Quarterly TIP Wages in File		101 - 115	15	
F11	Month 1 Employment for Employer in File		116 - 123	8	
F12	Month 2 Employment for Employer in File		124 - 131	8	
F13	Month 3 Employment for Employer in File		132 - 139	8	
F14	Blanks		140 - 275	136	

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If you have any further questions, please feel free to call **Wanda Ross at 317-233-6689**